

FILED  
07 JUL -9 PM 5:03  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

C 07 3353

BEARRINGER, ANTHONY  
Plaintiff,

CASE NO. \_\_\_\_\_

vs.  
CALIFORNIA DEPT OF CORRECTIONS  
DEPT MENTAL HEALTH  
SALINAS VALLEY STATE PRISON  
Defendant.

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

CW

I, ~~BEARRINGER, ANTHONY~~ declare, under penalty of perjury that I am the (PR)  
plaintiff in the above entitled case and that the information I offer throughout this application  
is true and correct. I offer this application in support of my request to proceed without being  
required to prepay the full amount of fees, costs or give security. I state that because of my  
poverty I am unable to pay the costs of this action or give security, and that I believe that I am  
entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the  
name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 NONE

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_ No ☒  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No ☒  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_ No ☒

14 d. Pensions, annuities, or Yes \_\_\_ No ☒  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No ☒  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income: \_\_\_\_\_

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

1           b.     List the persons other than your spouse who are dependent upon you for  
 2                 support and indicate how much you contribute toward their support. (NOTE:  
 3                 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4                 THEIR NAMES.).

5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 5.     Do you own or are you buying a home?           Yes \_\_\_\_ No   /    
 8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6.     Do you own an automobile?                       Yes \_\_\_\_ No   /    
 10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_  
 11 Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_  
 12 Monthly Payment: \$ \_\_\_\_\_

13 7.     Do you have a bank account? Yes \_\_\_\_ No   /   (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_  
 15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_  
 17 Do you own any cash? Yes \_\_\_\_ No   /   Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No   /  

20 \_\_\_\_\_  
 21 8.     What are your monthly expenses?

22 Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26	_____	\$ _____	\$ _____
27	_____	\$ _____	\$ _____
28	_____	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 Arrestation to the State, DOD dollars  
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes ☐ No ☒

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.  
9

10  
11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.  
15

16 10/30/07  
17 DATE

18 BEDDINGFIELD Anthony Scott  
19 SIGNATURE OF APPLICANT  
20  
21  
22  
23  
24  
25  
26  
27  
28

Case Number: \_\_\_\_\_

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Barringer, Anthony for the last six months at K66652

GRADING VERMONT STATE PRISON  
RECEIVING DEPARTMENT  
P.O. BOX 1020  
SANDISB, CA 93960-1020

[prisoner name]

\_\_\_\_\_ where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 7/5/07

[Signature]  
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 PELICAN BAY STATE PRISON  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2007 THRU JUL. 05, 2007

ACCOUNT NUMBER : K66652

BED/CELL NUMBER:

ACCOUNT NAME : BERRINGER, ANTHONY SCOTT

ACCOUNT TYPE: T

PRIVILEGE GROUP:

TRUST ACCOUNT ACTIVITY

(( NO ACCOUNT ACTIVITY FOR THIS PERIOD ))

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE

ATTEST: 7-5-07

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY S. K. Leppin  
 TRUST OFFICE

CURRENT  
 AVAILABLE  
 BALANCE

0.00